

City of Carrollton

Development & Land Disturbance Permit Application

Property Owner Information	Contact Perso	n	
Name:			
Address:			
City/State/Zip :			
Phone:			
Email:			
Applicant Information 24 Hr Contact Person			
Name:			
Address:			
City/State/Zip:			
Phone:			
Email:			
Description of Work			
Job Site Location & Information			
Job Site Address:			Tax Parcel ID #:
			Tax Faice ID #.
Zoning:	# Lots:		# Units:
	# Lots: # Bedrooms:		
Zoning:			# Units:
Zoning: # Bldg & Sq:	# Bedrooms:	LDP Amount	# Units: # Beds:
Zoning: # Bldg & Sq: NRCS	# Bedrooms:	1 1	# Units: # Beds: Land Disturbance Permit
Zoning: # Bldg & Sq: NRCS Acres: Total Disturbed	# Bedrooms: d or N/A	LDP #:	# Units: # Beds: Land Disturbance Permit \$

information supplied by me are true and correct. All provision of laws and ordinances governing work to be performed shall be compiled with whether herein or not.

Applicant's Signature: _____ Date: _____